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CONFIRMATION NO. 3341

SERIAL NUMBER 09/931,804	FILING OR 371(c) DATE 08/16/2001 RULE	CLASS 607	GROUP ART UNIT 3762	ATTORNEY DOCKET NO. AB-047U2
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** CONTINUING DATA ***** This application is a CIP of 09/642,979 08/18/2000 PAT 6,735,474 which is a CIP of PCT/US99/14775 06/29/1999 which claims benefit of 60/091,762 07/06/1998 and said 09/642,979 08/18/2000 claims benefit of 60/173,054 12/24/1999				
** FOREIGN APPLICATIONS *****				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 10/02/2001				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged		STATE OR COUNTRY CA	SHEETS DRAWING 8	TOTAL CLAIMS 39
Examiner's Signature _____ Initials _____		INDEPENDENT CLAIMS 3		
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TITLE IMPLANTABLE STIMULATOR SYSTEMS AND METHODS FOR TREATMENT OF INCONTINENCE AND PAIN				
FILING FEE RECEIVED 1051	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	